Harrogate and District Foundation Trust

 **Referral Form for Occupational Therapy**

|  |
| --- |
| This form must be completed by a Health Professional. |
| Sections shaded / coloured in green are essential in order to triage the referral. If these sections are incomplete, the form will be returned to the referrer with an advice letter. If the completed form is not returned within 3 weeks of the date of this advice letter to the referrer, the request will be closed. |
| The service offer with referral criteria is attached to assist the referrer. |
| Please return this referral via: SystmOne orEmail between nhs.net accounts  |
| Email for all OT Referrals: hdft.scsadmin@nhs.net  |
| Once your referral has been received, the OT service will review the referral and contact the referrer about next steps. Thank you for your assistance with this. |

**Details of Child / Young Person (CYP):**

|  |  |
| --- | --- |
| Name:  | Date of Birth:  |
| Hospital No (if relevant): | NHS No: |
| GP Practice and CCG: | Address:  |
| Telephone Number:  |
| School/Nursery:  | SENDCo Name: SENDCo Contact: |
| Is there an EHCP? If yes, please provide details relevant to this referral |
| Has the parent / carer consented to this referral?  |

**Details of Care Giver:**

|  |  |
| --- | --- |
| Name of parents or person with parental responsibility:  | Address: |
| Who else lives at home (name and relation to young person):  |
| Are they a military family?  |
| Contact Telephone numbers: | Email address: |

**Details of Referrer:**

|  |  |  |
| --- | --- | --- |
| Name of Referrer:  | Profession:  | Date of referral:  |
| Phone:  | Email:  |
| Other professionals involved with the child (please provide full names and contact details): |

**Safeguarding Questions (if yes to any questions, please provide details):**

|  |
| --- |
| Are there any known risks to ’Lone Working’ with this family?  |
| Are there any safeguarding concerns?  |
| Does the child / young person have a social worker? If yes, please provide details: |
|  |

**Current Medical Problems, Diagnosis, Ongoing Investigations:**

|  |
| --- |
| Please describe current medical problems, diagnosis, ongoing investigations: |

**The Occupational Therapy (OT) service offer aims to ensure children and young people (CYP) receive the right help, at the right time and in the right place.** **In order to achieve this, we offer different types of OT service and we call these ‘Universal’, ‘Targeted’ and ‘Specialist’ services. Quality referrals assist us to provide this for CYP.**

**Children Under 5 Years:**

**Please tell us as much as you can about this child. To assist us, tick at least 2 of the ‘occupations’ boxes where there are difficulties and explain why there is a problem. Use the statements or add free text, to help explain the problem.**

|  |  |  |
| --- | --- | --- |
| **OCCUPATIONS****2 OCCUPATIONS MUST BE TICKED FOR REFERRAL TO BE CONSIDERED** | **Y/ N****if a Problem is Present** | **Describe why this is a problem** *Consider:**-Are the abilities in line with their age and peers …**-Are their abilities in line with the rest of their development…**-Does their body shape, movement, co-ordination, function, sensory reactions or equipment and the environment effect their activity? …**-Are they interested or motivated to do these activities? …**-Have they had experience, practice and help in these areas already?**Comments:* |
| Washing / bathing |  | *Examples:**Y/ N: Loves bath / shower , spends unusual amount of time in water, seeks water out more than others / dsitressed if unable to be in water in some way either playing or washing**Y / N: Severly dislikes bath, shower, hair washes, drying with a towel, water on their face* *Y / N: Sits safely in the bath**Y / N: Helps to wash hands and face**Other:* |
| Dressing |  | *Examples:**Y / N: They prefer to not wear clothed or always takes shdoes and socks off**Y / N: They find clothes scratchy, uncomfortable, painful**Y / N: They only wear certain items of clothing**Y / N: They wear clothes for the wrong seasons**Y / N: They like to be fully covered head to toe**Y / N: Tries to take garments off, hats, socks**Y / N: Puts arms out expecting to dress**Other:* |
| Using cutlery |  | *Examples:**Y / N: Fussy about food textures, smells**Y / N: Eats all foods with their fingers**Y / N: Tries with spoon, scoops**Y / N: Tries with fork, stabs**Y / N: Takes sppon or fork to mouth**Other:* |
| Using a cup to drink |  | *Examples:**Y / N: Takes hands to cup or bottle**Y / N: Lifts cup or bottle to mouth**Y / N: Able to suck from bottle or suppy cup**Y / N: Knoes when they are hungry or thirsty and lets ladult know**Other:* |
| Using hands to play |  | *Examples:**Y/ N : Bring hands to the middle of their body* *Y / N: Reaches for a toy**Y / N: General neglect of one hand during play, do they just use one hand for tasks you expect them to use two?**Y / N: Picks up and releases toys suitable for their age**Y / N: Point or pinches by 1 year**Y / N: Immature or unusual ways of grasping age appropriate toys**Y / N: Manipulates age appropriate toys**Y / N: Uses 2 hands together for basic play (e.g., clapping, building a tower of bricks)**Y / N: Makes marks on paper, dots, scribbles**Y / N: Looks, watches, focuses, copies**Y / N: Tries simple form boards and puzzles**Y / N: Likes messy play**Y / N: Llikes singing and books, turns pages**Other:* |
| Co-ordination in gross motor activities |  | *Examples:**Y / N: Reaching motor milestones, rolling, sitting, crawling, cruising, standing, walking**Y / N: Managing older gross motor skills eg climb stairs, stand on 1 leg**Other:* |
| Ability to move around in the playgroup / home or community and general presentation: |  | *Y / N: Overly energetic, crashing into others and obstacles**Y / N: Spins themselves, or very strong like of spinning toys**Y / N: More sedentary than usual, does not like movement**Y / N: Able to move around independently as peers do**Y / N: Needs a buggy when similar aged peers could walk**Y / N: Are they safe walking**Y / N : Covers ears for loud noises or distressed by noise**Y / N: Makes lots of noise, more than peers**Y / N: Prefers darker rooms, hides under furniture, tries to pull curtains closed**Other:* |

|  |  |
| --- | --- |
| **What do the parents / care givers want the child to achieve by having an Occupational Therapy Assessment:** |  |
| **What are the child’s strengths / interests?** |  |
| **What is important to the child?** |  |
| **What strategies have already been tried?** |  |
| **Include any information from other agencies eg School, SENDCo** |  |

**Children Over 5:**

It is essential for the referrer to tick and describe at least 2 occupations that CYP has difficulty with. If 2 areas cannot be identified, the referral will not meet our service criteria and the referral will be declined.

|  |  |  |
| --- | --- | --- |
| **OCCUPATIONS:****TICK AND EXPLAIN THE PROBLEMS IN AT LEAST 2 AREAS FOR THE REFERRAL TO BE ACCEPTED** | **Y/ N****if a Problem is Present** | **Describe why this is a problem***Consider:**-Body shape, movement, co-ordination, function, sensory reactions or equipment and the environments effect on this activity …**-Are they interested or motivated to do these activities …**-Have they had experience, practice and help in these areas …**-Are there abilities in line with their age …**-Are their abilities in line with the rest of their development …**Comments:* |
| Washing / bathing |  | *Examples:**Y/ N: Loves bath / shower , spends unusual amount of time in water, seeks water out more than others / dsitressed if unable to be in water in some way either playing or washing**Y / N: Severly dislikes and could be distressed by bath, shower, hair washes, drying with a towel, water on their face* *Y / N: Washes hands and face, body and dry hands and body* *Y / N: Is physically able to get into the bath/shower**Other:* |
| Dressing |  | *Examples:**Y / N: They prefer to not wear clothed or always takes shdoes and socks off**Y / N: They find clothes scratchy, uncomfortable, painful**Y / N: They only wear certain items of clothing**Y / N: They wear clothes for the wrong seasons**Y / N: They like to be fully covered head to toe**Y / N: Able to orientate clothes, finding correct holes for limbs,* *Y / N: Has the strength and coordination to pull clothes on/off**Y / N: Able to change for PE in school**Y / N: Able to manage fastenings**Y / N: Able to tie shoelaces**Other:* |
| Using cutlery / managing food |  | *Examples:**Y / N: Fussy about food textures, smells**Y / N: Eats all foods with their fingers**Y / N: Neat with spoon**Y / N: Used knife and fork together, holds cutlery with mature grasps**Y / N: Able to open packaging, can’t**Y / N : Can carry heavy items, trays of food at lunchtine**Y / N: Has stamina for standing to do tasks**Other:* |
| Using a cup to drink |  | *Examples:**Y / N: Knows when they are hungry or thirsty and lets ladult know**Y / N: Able to hold the cup, bring it to mouth accurately, replace safely without spillages**Other:* |
| Using hands to play and using tools |  | *Examples:**Y/ N : Bring hands to the middle of their body, crosses body midline with hands* *Y / N: General neglect of one hand during play, do they just use one hand for tasks you expect them to use two?**Y / N: Pinches tip to tip**Y / N: Hand dominance established**Y / N: Immature, awkward or unusual ways of grasping tools eg pencils, scissors, rulers**Y / N: Manipulates small items within their hands without dropping**Y / N: Uses 2 hands together eg threading**Y / N: Looks, watches, focuses**Y / N: Manages puzzles**Y / N: Likes messy play, seeks out textures and mess**Y / N: Hates messy play or sticky fingers**Y / N: Able to build using Lego**Other:* |
| Co-ordination in fine and gross motor skills to… write, draw, use scissors, jump, hop, climb, do PE, dance or other leisure activitiesAbility to move around in the school / playgroup / home or community: |  | *Examples:**Y/ N: Reached motor milestones on time, rolling, sitting, crawling, cruising, standing, walking**Y / N: Climbs stairs easily**Y / N: Easily stands on 1 leg, jumps 2 feet together**Y / N: Lacks stamina**Y / N: Poor body awareness, no spatial awareness, no awareness of others, unsafe indoors / outdoors**Y / N: Manages PE**Other:* |
| Schoolwork, tasks such as keeping the place in a book or on the whiteboard, finding objects in clutter |  | *Examples:**Y / N: Overly energetic, crashing into others and obstacles, unable to stand in line, unable to sit still on chair**Y / N: Spins themselves, turns upside down at any opportunity**Y / N: More sedentary than usual, does not like movement, gets travel sick easily**Y / N: Able to move around independently as peers do**Y / N : Covers ears for loud noises or distressed by noise**Y / N: Makes lots of noise, more than peers**Y / N: Prefers darker rooms, hides under furniture, tries to pull curtains closed, turns lights off**Y / N: Keeps the place in a book or on the whiteboard, finds objects in clutter* *Y / N: Retain instructions, focuses on the teacher, organisse self with books/classroom, timetables**Other:* |
| Writing and recording school work |  | *Examples:**Y / N: Holds a pencil in comfortable way**Y / N: Forms letters, handwriting legible, spaces words**Y / N: Writing cause pain or discomfort or is slow, unable to document knowledge quickly enough in exams**Y / N: Unable to type using keyboard**Other:* |

|  |  |
| --- | --- |
| **What do the parents / care givers want the child to achieve by having an Occupational Therapy Assessment:** |  |
| **What are the child’s strengths / interests?** |  |
| **What is important to the child?** |  |
| **What strategies have already been tried?** |  |
| **Include any information from other agencies eg School, SENDCo** |  |